V. S. No. 2
M—11-10-39
ev. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 222771

Registration District No. 784 Primary Registration District No. 113 Registrar's No. 1396

96
10
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Florissant, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis
(c) City or town Florissant, (If outside city or town limits, write "RURAL") 10
(d) Street No. 659 St. Pirrie St., (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LeRoyal Joseph Kenow.
3. (b) If veteran, name war No
3. (c) Social Security No. 488-05-2366.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 28, 1909. (Month) (Day) (Year)

8. AGE: Years 33 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Florissant, Missouri. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Pa inter
11. Industry or business
FATHER
12. Name Charles Kenow
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Clayburg
15. Birthplace Missouri 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Emma Kenow
(b) Address Florissant, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1/42. (Month) (Day) (Year)
(c) Place: burial or cremation St. Ferdinand Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) JUN 29 1942 (Date received local registrar) (b) E. G. Mo Garran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1942 hour 6.00 minute P.M. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Drowned when boat was upset in back water.

Due to Lungs filled with water.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

183-3
36

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident.
(b) Date of occurrence June 28, 1942 096
(c) Where did injury occur? St. Ferdinand Twp. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury

23. Signature Louis H Boff Crown (M. D. or other)
Address Kirkwood, Mo. 6/29/42 Date signed

741 (Licensed Embalmer's Statement on Reverse Side)

Bopp

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Louis H Bopp, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.